

CHAPTER

6

ENROLLMENTS

Enrolling

If a person is assessed to have needs that can be met through the provision of waiver services, has chosen to receive services through the waiver, has been allocated a waiver slot, has Medicaid, and has met ICF/MR Level of Care; he/she can be enrolled in the MR/RD Waiver.

Actual enrollment occurs when the person's status on SCDHHS's Medicaid Management Information System (MMIS) is updated to reflect MR/RD Waiver enrollment. The effective date of the enrollment will be:

1. the day the person is discharged from an ICF/MR (as shown on the HHSFC Form 181); **OR**
2. the date on which Medicaid eligibility is established; **OR**
3. the day after a person is disenrolled/terminated from another Home and Community Based Waiver (i.e., CLTC's Community Choices Waiver, SCDDSN's HASCI Waiver, etc. as noted on **MR/RD Form 18**); **OR**
4. the day after Community Long Term Care stops authorizing Children's PCA services/State Plan Nursing (note: this date must be negotiated with CLTC staff using **MR/RD Form 18**); **OR**
5. the day the person is discharged from the hospital (if entering the waiver immediately following a hospital admission); whichever is latest; **OR**
6. the day the enrollment request is sent to SCDHHS for enrollment.

No waiver services can be authorized prior to the effective date of enrollment.

To become enrolled, the Waiver Enrollments Coordinator (See Attachment 2), who is responsible for processing all enrollments, must receive appropriate information. This information includes the **Notice of Slot Allotment (MR/RD Form 5)** completed by the District I MR/RD Waiver Coordinator, **SCDHHS Form 118A** completed by Waiver Enrollments Coordinator and SCDHHS Eligibility Worker, **Level of Care (MR/RD Form 9)**, which is sent to the Enrollments Coordinator by the Consumer Assessment Team and a **Form 181** if the person is being discharged from an ICF/MR. The **Form 181** is usually sent by the Regional Center Claims and Collections Office.

Before MR/RD Waiver services can be authorized the potential recipient must be eligible for Medicaid. The SC Department of Health and Human Services Eligibility Division (SCDHHS) makes the determination of Medicaid eligibility.

SCDHHS/SCDDSN has, in each region of the State, designated a Medicaid Eligibility Worker who works specifically with people who receive services through SCDDSN's ICF/MR, MR/RD Waiver and HASCI Waiver. These offices are located at our four regional centers, Midlands Center (Richland County), Pee Dee Center (Florence County), Coastal Center (Dorchester County), and Whitten Center (Laurens County). These workers are available to help the potential recipient through the Medicaid eligibility process and to determine the best possible eligibility category. A list of the Regional DHHS Medicaid Eligibility Workers is included in this chapter (**see Attachment 3**). They are responsible for all counties in their designated regions.

When the individual has been awarded a MR/RD Waiver slot, the District I MR/RD Waiver Coordinator will complete the **Notice of Slot Allotment (revised MR/RD Form 5)** and forward it to the MR/RD Waiver Enrollments Coordinator. The MR/RD Waiver Enrollments Coordinator will notify the DHHS Eligibility Worker via the **SCDHHS Form 118 A**. You will also receive a fax copy of the **MR/RD Form 5**, which is the notification of waiver slot award.

- If the potential recipient is **not Medicaid eligible**, the Medicaid Eligibility Worker will contact the consumer/legal guardian/Service Coordinator/Early Interventionist to obtain the information needed to complete the application for Medicaid. The Service Coordinator/Early Interventionist should assist the potential recipient to complete the application and return it to the Medicaid Eligibility Worker as soon as possible. Please note, establishing Medicaid eligibility is a lengthy process. The process may take in excess of 90 days to complete.
- Once eligibility is determined, SCDHHS will notify the potential recipient and SCDDSN's Waiver Enrollments Coordinator in writing of the decision. If determined eligible, the eligibility will be effective the first day of the month in which the application was submitted. For example, you may be notified in April that a potential recipient was determined eligible. If the application for the recipient was submitted on January 20, eligibility will likely be effective January 1.
- If the potential recipient is deemed **not eligible** for Medicaid, the Waiver Enrollments Coordinator will delete the request for waiver enrollment once notification from DHHS/Eligibility is received.

If the enrollee is currently enrolled in another Home and Community Based Waiver, receiving Children's PCA or receiving State Plan Nursing, you must provide the Waiver Enrollments Coordinator with the negotiated date of disenrollment from the other Home and Community Based Waiver or the date of cessation of authorization of Children's PCA Services/State Plan Nursing. **However, do not proceed with negotiating this date with CLTC until you have verified that the consumer is ready to transition.** This must be done by consulting the Waiver Enrollments Coordinator. Once the negotiated date is verified with CLTC, formal notification should be given by completing the **Memorandum of Confirmation of Transition (MR/RD Form 18)**. The original is sent to the CLTC Case Manager and copies are sent to the Waiver Enrollments Coordinator and the DHHS Medicaid Eligibility Worker (See **Attachment 4** of this section for form and instructions).

Once all enrollment requirements are met, the Waiver Enrollments Coordinator will notify you via the **Certification of Enrollment/Disenrollment Form (HCB Form 13)** of the enrollment date. Nevertheless, SCDHHS is responsible for completing the actual enrollment transaction on MMIS. Once this is done, the Waiver Tracking System will show an "E" under ENINS. Upon receipt of the **Certification of Enrollment/Disenrollment Form (HCB Form 13)** or when the Waiver Tracking

System indicates an “E” under ENINS, complete the individual’s budget, add it to the Waiver Tracking System, obtain approval, and begin authorizing services.

The entire enrollment process should not take longer than 120 days from the date of the **Notice of Slot Allotment (MR/RD Form 5)**. If the consumer is not enrolled within 120 days of the Notice of Slot Allotment the MR/RD Waiver Enrollments Coordinator will delete the enrollment record. The SC will be notified by the Enrollments Coordinator that the record has been deleted and the Service Coordinator will complete the **Notice of Termination of Request for MR/RD Waiver Enrollment (MR/RD Form 10)**. The form will be sent by the Service Coordinator to the consumer/ legal guardian along with the appeals process. If the consumer/legal guardian wishes to reapply for MR/RD Waiver Services a new **MR/RD Waiver Slot Allocation Request (MR/RD Form 30)** must be submitted. The SC will document that the **Termination of Service (Form 10) with the appeals process attached is sent to the individual.**

Please note: If for some reason during the enrollment process, the consumer/legal guardian decides that they no longer wish to pursue MR/RD Waiver service and enrollment, they must complete the **Statement of Individual Declining Waiver Services (MR/RD Form 20)**. This must be signed and dated by the consumer/legal guardian along with the Service Coordinator/ Early Interventionist. A copy must be forwarded to the District I MR/RD Waiver Coordinator at Whitten Center. A copy should be provided to the consumer and the original placed in the consumer’s file. If the consumer/legal guardian makes this decision after the enrollment process is finalized, the **Notice of Disenrollment (MR/RD Form 17)** must be completed. Please refer to Chapter 7 for instructions regarding disenrollments.

Non-Signature Declinations

There have been several occasions when either an individual is to begin waiver services or a Waiver case required closure (e.g. family moved out-of-state, unable to locate parent/legal guardian or parent/legal guardian has been non-responsive) and the Service Coordinator or Early Interventionist is unable to obtain the signature of the individual/legal guardian. Before the Waiver Enrollment Coordinator can close the case, the SC/EI will have to perform the following:

- The case file contains specific dates when the SC/EI tried to contact the family. Notes should indicate if a message was left or a conversation with the parent took place. The SC/EI should ensure that calls are made on multiple days at varying times and during times the file indicate someone would typically be at home.
- After several telephonic correspondences to no avail, the record should reflect that a certified, return receipt letter was sent. The content of the letter should clearly explain what issues need to be resolved. A copy of this letter should be in the file.
- If, after the above attempts, there is still no response, the SC/EI should send a second certified, return receipt letter clearly explaining what issues need to be resolved, a copy of the appropriate appeals process, and a statement that the case will be closed in the next 10 (ten) **calendar** days if no appropriate response is received.

If the above steps have been taken, the Statement of Individual Declining Waiver Services can be processed without an individual/legal guardian’s signature.

Waiver Enrollments Coordinator:

Celesa Williams
Whitten Center
P.O. Office Box 239
Clinton, SC 29325
(864) 938-3292
Fax (864) 938-3302
e-mail: cwilliams@ddsn.sc.gov

State Coordinator for MR/RD Waiver Services:

Jennifer Payne
3440 Harden Street Ext.
P.O. Box 4706
Columbia, SC 29240
(803) 898-9704
fax: (803) 898-9660
e-mail: jpayne@ddsn.sc.gov

District II MR/RD Waiver Coordinator:

Mary Griddine
Midlands Center
8301 Farrow Road
Columbia SC 29203
(803) 935-6720
fax: (803) 935-6170
e-mail: mgriddine@ddsn.sc.gov

District I MR/RD Waiver Coordinator:

Vicki H. Coleman
Whitten Center
P.O. Office Box 239
Clinton, SC 29325
(864) 938-3520
fax: (864) 938-3435
e-mail: vcoleman@ddsn.sc.gov

SCDHHS Regional Medicaid Eligibility Workers:**Midlands Region:**

Abbi Thomas
 Midlands Center
 8301 Farrow Road
 Columbia, SC 29203
 (803) 935-5041
 Fax: (803) 935-6170
 E-mail: MILLERTM@scdhhs.gov

Richland	Aiken	Fairfield
Lexington	Newberry	Calhoun
Kershaw	York	Chester/Lancaster

Piedmont Region:

Jennifer Cain
 Whitten Center
 P.O. Office Box 239
 Clinton, SC 29325
 (864) 938-3129
 Fax: (864) 938-3115
 E-mail: Cainjp@scdhhs.gov

Anderson	Pickens	Oconee
Cherokee	Emerald Multi-County	The Charles Lea Center (Spartanburg)
Greenville	Laurens	Union

Coastal Region:

Sandra Greene
 Coastal Center
 9995 Miles Jamison Road
 Summerville, SC 29485
 (843) 821-5887
 fax: (843) 821-5889
 e-mail: Greenesl@scdhhs.gov

Allendale	Colleton	Beaufort	Jasper
Bamberg	Dorchester	Berkeley	Orangeburg
Barnwell	Hampton	Charleston	

Pee Dee Region:

Lisa McCarty
 Pee Dee Center
 714 National Cemetery Road
 Florence, SC 29502
 (843) 664-2707
 fax: (843) 664-2730
 e-mail: McCartyL@scdhhs.gov

Chesterfield	Georgetown	Florence	Sumter
Clarendon	Horry	Marion/Dillon	Williamsburg
Darlington	Lee	Marlboro	

SC Department of Disabilities and Special Needs MR/RD Waiver Notice of Slot Allotment

Date: _____

Consumer: _____

SSN: _____

Medicaid #: _____

Type of slot: _____

Placement (if residential): _____

SC/EI/District Office Rep/QMRP: _____

Provider/Regional Center/ICF/MR: _____

Chosen Service Coordination Provider: _____

The above referenced individual has been awarded a MR/RD Waiver slot. The Service Coordinator/Early Interventionist/District Office Representative/QMRP should proceed with determination of Freedom of Choice. Once the Freedom of Choice form is completed, prepare the MR/RD Waiver Level of Care packet according to instructions located in Chapter 5 of the MR/RD Waiver Manual. The Level of Care packet should be forwarded to the Consumer Assessment Team located at 8301 Farrow Road; Columbia, SC 29203-3294.

If the consumer is exiting a community or Regional Center ICF/MR, the Freedom of Choice and Level of Care requests should be completed by the appropriate ICF/MR staff. This notice is information only for the chosen Service Coordination provider.

MR/RD Waiver Coordinator or designee

Date

Original: File Copies: Enrollment Coordinator, District Rep/QMRP/SC/EI, Service Coordination Provider (if applicable), & CAT

**INSTRUCTIONS FOR TRANSITIONING FROM A COMMUNITY LONG TERM
CARE
(CLTC) MEDICAID PROGRAM (COMMUNITY CHOICES WAIVER OR
CHILDREN'S PCA) OR SCDDSN HASCI, OR PDD WAIVER TO THE
SCDDSN MR/RD WAIVER**

When transitioning a recipient from a CLTC Medicaid Program or Medicaid Waiver such as the Community Choices Waiver, Mechanical Vent Waiver, HIV/AIDS Waiver or Children's PCA/Nursing, it is important that the person seeking to enter the MR/RD Waiver maintain Medicaid eligibility.

To prevent an interruption of Medicaid services, coordination with the CLTC Case Manager/Nurse, the provider(s) of service, and the Waiver Enrollments Coordinator is needed **prior** to any change. In order to maintain uninterrupted Medicaid eligibility, the Medicaid Eligibility Worker must be informed of the MR/RD Waiver enrollment date and the recipient's ICF/MR Level of Care date to properly update the recipient's information.

For a smooth transition of Medicaid programs to occur, the following steps should be taken:

1. You must verify with the Waiver Enrollments Coordinator that the consumer is ready to transition from Children's PCA/State Plan Nursing or other Home and Community Based Waiver. Once this has been verified, the Service Coordinator/Early Interventionist must contact the CLTC case manager to **discuss** the services being received **and determine** an agreeable transition date for the Medicaid service(s) to end and for the waiver services to begin. The MR/RD Waiver enrollment date will be the day after termination from the CLTC program to avoid a break in Medicaid eligibility.
2. You must contact the Waiver Enrollments Coordinator (Attachment 2) to verify that the agreed upon transition date is acceptable to allow for proper completion of all enrollment requirements. Once the Waiver Enrollments Coordinator states that all enrollment processes are complete, then you may complete the **Memorandum of Confirmation of Transition (MR/RD Form 18)**.
3. You must send the **Memorandum of Confirmation of Transition (MR/RD Form 18)** to:
 - the CLTC case manager as verification of the waiver transition date;
 - the Waiver Enrollments Coordinator;
 - the DHHS Medicaid Eligibility Worker; and

- retain a copy in the consumer's file.
4. The CLTC Case Manager/Nurse, after coordinating the termination date of the CLTC Medicaid service(s) with you, will terminate the recipient from the specific service and the Medicaid program.

NOTE: CLTC policy prohibits retroactive terminations for any CLTC or State Plan Program

MEMORANDUM OF CONFIRMATION OF TRANSITION

TO:

Community Long Term Care Caseworker

Community Long Term Care Caseworker Telephone Number

FROM:

DHHS Medicaid Eligibility Worker

Service Coordinator/Early Interventionist

DATE:

RE:

Individual's Name

Individual's Medicaid #

Individual's Social Security #

This memorandum is to verify that Medicaid services through:

- ☐ Community Long Term Care's (CLTC) Community Choice Waiver
- ☐ Children's PCA/State Plan Nursing
- ☐ Community Long Term Care's (CLTC) Mechanical Ventilator Waiver
- ☐ Community Long Term Care's (CLTC) HIV/Aids Waiver
- ☐ SCDDSN's Head and Spinal Cord Injury (HASCI) Waiver
- ☐ Pervasive Developmental Disorder Waiver (PDD)
- ☐ Community Supports Waiver (CSW)

will end on _____ and MR/RD Waiver services will begin on _____
as we have discussed. This individual was determined to meet ICF/MR Level of Care on

(Effective date from Certification Letter)

Copies To: CLTC Case Manager, DHHS Medicaid Eligibility Worker, Waiver Enrollments Coordinator
& File
MR/RD Form 18 (Rev. 11/08)

TRANSFERRING A WAIVER FILE TO ANOTHER COUNTY

If a MR/RD Waiver recipient moves to another county, they will be assigned a new Service Coordinator/Early Interventionist from the local DSN board or private provider in their new county of residence. Prior to the move, the current Service Coordinator/Early Interventionist will need to offer the recipient/legal guardian a choice of Service Coordination/Early Intervention providers in their new proposed county of residence. A list of providers can be found on the SCDDSN website (www.state.sc.us/ddsn). Once the choice is made, the following steps should be taken.

The Current Service Coordinator/Early Interventionist will:

1. Contact the new DSN board/provider to determine an agreeable date of transfer based on the recipient's move date.
2. Communicate with the new DSN Board/provider the services that the recipient is currently receiving and will need to continue to receive in their new county of residence. The new DSN Board/provider should begin working with the recipient/legal guardian to choose providers of service in their new proposed county of residence. This should prevent a lapse of service unless a provider cannot be located.
3. Communicate with current providers to inform them of the move and date for termination of services.
4. Reconcile the services on the budget.
5. Inactivate the budget using BDINA. The date should be the last day the consumer received services (Once the budget is inactivated, access to change anything must be done by SCDDSN Central Office Cost Analysis).
6. Ensure that the file is in order and all required information is included.
7. Submit the **Notice of Termination of Service Form (MR/RD Form 16-B)** to all service providers.

Once all of these steps are complete, the recipient's file should be given to the Service Coordination/Early Intervention Supervisor for review, approval and final transfer to the new DSN Board/provider.

The current Service Coordination/Early Intervention Supervisor must:

1. Review the file to ensure that the budget has been appropriately adjusted and inactivated.

2. Review the file to ensure that the file is in good order and that all required information is included.
3. Contact the new DSN Board/provider to ensure that they are prepared to receive the case and that the effective date of transfer is appropriate.
4. Completed the **Memorandum of Confirmation of Transfer (MR/RD Form 21)** and forward, along with the original file, to the new DSN Board/Provider (Service Coordination Standards require the original file must be sent to the individual's new county of residence within ten (10) working days of notification of the move. The file must be current and the sending board/provider will maintain a complete copy of the file).

Please note: If the consumer is in an Alternative Residential Placement, the Office of Behavioral Supports at SCDDSN will need to be notified of the move along with the appropriate District Office.

The new Service Coordinator/Early Interventionist must:

1. Contact the recipient/legal guardian to initiate MR/RD Waiver services.
2. Contact SCDDSN Central Office Cost Analysis Division (Donna M. Johnson (803) 898-9782 or Trina Smalley (803) 898-9630) to set up a new MR/RD Waiver budget. This must be completed before the individual can begin receiving MR/RD Waiver services in the new county.
3. Complete a new MR/RD Waiver budget within two (2) working days. There should be no lapse in services. If a consumer is receiving a service daily, the Service Coordinator/Early Interventionist will need to obtain verbal approval from the appropriate MR/RD Waiver Coordinator.

Please note: If the consumer is moving out of state the budget will need to be reconciled and inactivated and **Notice of Disenrollment (MR/RD Form 17)** will need to be completed. The Service Coordinator/Early Interventionist will follow the normal procedures for disenrollment.

MEMORANDUM OF CONFIRMATION OF TRANSFER

DATE:

TO:

Service Coordination/Early Intervention Supervisor from Receiving DSN Board/Provider

DSN Board/Provider

FROM:

Service Coordination/Early Intervention Supervisor from Current DSN Board/Provider

DSN Board/Provider

RE:

Waiver Recipient

| | | | | | | | | |

Recipient's Medicaid #

| | | | | | | | | |

Recipient's Social Security #

EFFECTIVE DATE OF TRANSFER:

Below are the MR/RD Waiver services that the recipient has been receiving:

☐ Adult Dental Services

☐ Adult Vision Services

☐ Companion Services

☐ Adult Day Health Care

☐ Personal Care Services

☐ Nursing Services

☐ Residential Habilitation

☐ Prevocational Services

☐ Supported Employment Services

☐ Behavior Support Services

☐ Private Vehicle Modifications

☐ Prescribed Drugs

☐ Audiological Services

☐ Respite Services

☐ Psychological Services

☐ Assistive Technology

☐ Physical Therapy Services

☐ Occupational Therapy

☐ Day Habilitation

☐ Speech Therapy

☐ Environmental Modifications

☐ Adult Day Health Care Nursing

Comments:

Service Coordination/Early Intervention Supervisor's Signature

Date

SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

MR/RD WAIVER

STATEMENT OF INDIVIDUAL DECLINING WAIVER SERVICES

Please Type or Print

Individuals Name: _____

Social Security Number: ____1____ 2____ 3____ ____4____ 5____ ____6____ 7____ 8____ 9____

I, _____, as recipient / legal guardian of recipient, have decided at this time to not pursue enrollment in the Community Supports Waiver. I understand that declining participation now does not prohibit me from reapplying for the Community Supports Waiver in the future.

I understand that this decision does not directly affect my eligibility for other services available through the South Carolina Department of Disabilities and Special Needs.

Individual/Legal Guardian

Date

Service Coordinator/Early Interventionist

Date

☐ I am unable to obtain a signature from either the individual or legal guardian, therefore, the procedure for a Non-Signature Declination was followed and is documented in the individual's file.

Service Coordinator/Early Interventionist

Date